SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision Effective May 1, 2005

(1)	(2)	(3)			
Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>			
Coverage	voidine (imitele)	<u> </u>			
1. Automobile Liability	ı				
Private Passenger					
Commercial					
2. Automobile Physical Damage					
Private Passenger					
Commercial					
3. Liability Other Than Auto					
4. Burglary and Theft					
5. Glass					
6. Fidelity		<u></u>			
7. Surety					
8. Boiler and Machinery					
9. Fire					
10. Extended Coverage					
11. Inland Marine					
12. Homeowners					
13. Commercial Multi-Peril					
14. Crop Hail					
15. Other Workers	\$21,405,351	+ 12.2%			
Compensation					
D (2) 1 1 4 (2) 1	// // // / / / / / / / / / / / / / / /				
Does filing only apply to certain territor	•	ses? No			
If so, specify:					
Brief description of filing. (If filing foll	ows rates of an advisory Ore	anization specify			
organization):	end rates of all autisory of	and a poemy			
Delay of Adoption of NCCI Filing to May 1, 2005 and increase deviation					
, 1	•	_			
* Whitten Promium Adjusted to reflect all prior rate changes					

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Karen Greiber-Gutknecht Pricing Research Analyst

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 7 2005

SPRINGFIELD, ILLINOIS

^{*} Written Premium - Adjusted to reflect all prior rate changes

^{**}Change in Company's premium level which will result from application of new rates.

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SUMMARY SHEET

(Change in Company's premium o	r rate level produced by rate revision effective	ve 01/01/05
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	1,849,706	+0.1
	Compensation		
	Line of Insurance		
_			
	iling only apply to certain territor	y (territories) or certain classes? If so, speci-	ify:
No			
Drief	description of filing (If filing fol	lows rates of an advisory organization, speci	fy organization):
	ing approved loss costs as filed b		ny organization).
ruopt	ing approved 1000 code as inter-	, ale rice a	
* A	djusted to reflect all prior rate cha	anges.	
** C	hange in Company's premium lev	el Which Wision of Insurance	
re	sult from application of new rates		
		FILED	
		1444	
		JAN 0 1 2005	liana Lumbermens Mutual
		•	urance Company
		SPRINGELE D. H. L.	Name of Company
		SPRINGFIELD, ILLINOIS	Name of Company
		DIVISION OF INC.	
		DIVISION OF INSUHANCE STATE OF ILLINOIS/IDFPR	
		Tor	nya J. Burroughs, Compliance
			alyst
		JAN 26002005	Official - Title
H2921	.9D	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		CONGFIELD. ILLINOIS	
		INVOCIELD, ILLINOIQ	

	50 JL	LINOIS ADMINISTRATIVE CO		HAPTER 1. 1754 SUBCHAPTER I
Sec	tion 754.EXHIBIT A Summary S	heet (Form RF-3)	workers!	Compansatur weiter 15, 592
		FORM (RF-3)		. IL 1- 1- 1-22
		SUMMARY SHEET	2004 Ahnual	WRITER 13,
	Change in Company's premiu	m or rate level prod	uced by rate revi	Sion
	(1)	(2) Annual Premi		(3) rcent
	Coverage	Volume (Illino		(+ or -)**
r.	Automobile Liability Priva Passenger Commercial	<u></u>		
2.	Automobile Physical Damage Private Passenger Commercial			
3. 4.	Liability Other Than Auto Burglary and Theft			
5. 6. 7.	Glass F1del1ty Surety			
8. 9.	Boiler and Machinery Fire-			
0.	Extended Coverage Inland Marine			
2. 3. 4.	Homeowners Commercial Multi-Peril Crop Hail			
5.	Other W.C.	- 13, 5 7		<u> </u>
	Does filing only apply to classes? If so, specify:	certain territory (t	erritories) or ce	rtain
	Srief description of filir organization, specify organ CANES AND (-105	ng. (If filing follo nnization): <u>NCCI</u>	ws rates of an ac EL-2004-c	lvisory
!		prior rate changes.	result from appl	ication of
	new rates.	Public Se	avice mute	d
		Kuil	TICTO FIETE	
		Kistan	t Segrotem	4
	DIVISION OF INSUR	ANCE	3-1-05	,
	STATE OF ILLINOIS/ID	rra		
	FEB 0 1 2005	5		
	{			

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium revision effective 7/1/200		oy rate
(1)	(2)	(3)
\- /	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		-
4. Burglary and Theft		
5. Glass	-	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$21,005,207	1.3%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization		I's DTEC filing, Item

*	Adjusted	to	reflect	all	prior	rate	chang	jes.
	Change ir	· ~	omnanule	TYPE	oium la	arral r	which	147 i 7

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR JUL 0 1 2005 Sentry Insurance A Mutual Company Name of Company SPRINGFIELD, ILLINOIS

Janel Danczyk - Sr. Product Specialist Official - Title

H29219D

SUMMARY SHEET

Change in Com	mpany's prem	ium or rate	e level p	roduced by	rate
revision effe	ective $7/1/2$:005		•	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$ 7,157,695	1.1%
Line of Insurance	<u> </u>	
If so, specify: No Brief description of filing. (If organization, specify organization)	n): Delay adoption of N	CCI's DTEC filing, Item
	B-1393 to July 1, 2	005.
		DIVISION OF INSURANCE
* Adjusted to reflect all prior n ** Change in Company's premium lev		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
result from application of new		JUL 0 1 2005
Sentry	Select Insurance Compan	SPRINGFIELD, ILLINOIS
	Name of Comp	any
	Janel Danczyk - Sr. Pro	oduct Specialist
	Official - Ti	
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